

Instructions On Completing This Form

Note: this form cannot be used to reinstate your coverage if your insurance is not in force because of failure to pay timely premiums. For instructions on how to reinstate your coverage contact the Office of Servicemembers' Group Life Insurance (ODGLI) at 1-800-419-1473.

1. Type or print all entries on this form, except your handwritten signature. Do not make erasures, corrections, or changes to this form. Instead, complete a new form. If you require additional space, attach a supplemental sheet. The separate sheet must contain your name, social security number, and the date, and must be attached to this form.
2. **Naming beneficiaries**
 - A. Completing this form will cancel any prior beneficiary or payment instructions.
 - B. If you do not name a specific beneficiary, your insurance will be paid to your survivors as follows:
 1. Widow or widower; if none to
 2. Child(ren) in equal shares, with the share of any deceased child distributed among the descendants of that child; if none to
 3. Parent(s) in equal shares; if none to
 4. A duly appointed executor or administrator of the insured's estate, and if none, to
 5. Other next of kin
 - C. You may name any beneficiary you choose without anyone knowing or consenting to it. ***This right cannot be waived or restricted.***
 - D. You may not change a designation of beneficiary by correcting entries on an existing form. Instead, complete a new form to show the name of the new beneficiary(ies).
 - E. If you need more space than is given for either the principal or contingent beneficiaries, list each beneficiary on a separate sheet and write "see attached" under the appropriate block. The separate sheet must contain your signature, social security number, and the date, and must be attached to this form.
 - F. No designation or change of beneficiary will be valid unless it is signed, dated, and received by OSGLI prior to your death.

3. Share to be paid to each beneficiary

If you name more than one primary or contingent beneficiary, the sum of the share must equal the full dollar amount of your insurance, or 100%.

Example:	John Smith,	son	\$100,000	50%	1/2
	Mary Smith,	daughter	\$100,000	50%	1/2
			<u>\$200,000</u>	<u>100%</u>	<u>1</u>

4. **Payment to beneficiaries**

If you want the beneficiary(ies) to receive 36 equal monthly payments rather than a lump sum, you should write "36" in the corresponding block under *Payment Option*. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment at the time of your death. **If you want the beneficiary to have a choice** at the time of payment, leave the block blank.

If you choose installment payments for a principal beneficiary and that beneficiary dies before receiving all the installments, the remaining payments will be made to the contingent beneficiary(ies).

5. **Where to send your completed form**

Send your completed, signed and dated form to the Office of Servicemembers' Group Life Insurance at the address that appears on the front of this form.

The duplicate copy will be returned to you as evidence that OSGLI received your designation. Please keep this important document with your Group Certificate.

Note: Do not return your completed Form SGLV-8721 to the Department of Veterans Affairs.

Instructions For Claiming The Insurance

To receive payment of this life insurance, your beneficiary must make claim to the Office of Servicemembers' Group Life Insurance at the address stated above within one year from the date of your death. A Claim for Death Benefits, Form SGLV-8283, can be obtained from OSGLI or any VA Regional Office upon request. The beneficiary must also submit a copy of your death certificate.

If You Have Questions

If you have questions, call OSGLI toll-free at **1-800-419-1473**.

IMPORTANT - Please read the instructions on the back before completing this form.

Beneficiary Designation Form Veteran's Group Life Insurance (VGLI)		Return completed for to: Office of Servicemembers' Group Life Insurance 213 Washington Street Newark, New Jersey 07102-2999		
1. Identifying Information				
1A. Your Name and Mailing Address (Type or print) _____ (First name - Middle name - Last name) _____ (Number and Street or Rural Route) _____ (City or A.P.O., State and Zip Code)		1B. Is this a change of address for your insurance records? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> 1C. Social Security Number _____ 1D. Telephone Number Daytime: () Home: ()		
2. Beneficiary(ies) and Payment Options I designate the following beneficiary(ies) to receive my insurance proceeds: I understand that the principal beneficiary(ies) will receive payment upon my death. The share of any principal beneficiary who dies before me will be distributed equally among the remaining principal beneficiaries. If all principal beneficiaries die before me, the insurance will be paid to the contingent beneficiaries. (If you need more space for beneficiaries, see #2E on back.)				
Complete Name (<i>first, middle, last</i>) and Address of Each Beneficiary	Social Security Number (<i>if known</i>)	Relationship to you	Share to be paid to each beneficiary (Use \$ amounts, % or fractions)	Payment Option (Leave blank for lump sum or see #4 on back)
Principal				
Contingent				
3. I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I also understand that: <ul style="list-style-type: none">if I do not designate any principal or contingent beneficiaries above, my insurance will be paid under the provisions of the law (38 U.S.C. 1970) as stated under the <i>Naming Beneficiaries</i> section on the back of this form.this form cancels any prior beneficiary or payment instructions.this designation of beneficiary and payment option will be effective until received in the Office of Servicemembers' Group Life Insurance in accordance with 38 U.S.C. 1970 and 1977(d). SIGN HERE IN INK _____ Date: _____ (Your signature. Do not print).				
Do not write in space below - For OSGLI use only.				
Signature of OSGLI Representative		Date Recorded		